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AUTHOR	Brandon, Richard
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ABSTRACT

Highlighting the link between the emotional well-being of children and adolescents and their parents' mental health, this policy brief reports key findings for Washington state from the National Survey of American Families, a national telephone survey of representative samples of American families in 13 states, including Washington. Analyses focused on aspects of the family environment that were associated with a child experiencing symptoms of severe emotional and behavioral problems and that were associated with parental symptoms of poor mental health and high levels of aggravation. Findings revealed that elementary school children whose parents experienced symptoms of poor mental health or high parental aggravation were almost five times as likely to have severe emotional and behavioral problems as children whose parents reported better mental health or only moderate aggravation. Parents who had a child with severe emotional and behavioral problems had about a five-fold risk of reporting their own mental health challenges. Other family characteristics associated with poor parental mental health included economic hardship, single parents not living with a partner, parental unemployment, and having at least one teenager in the home. Other family characteristics associated with high parental aggravation included low parental education, economic hardship, single parents not living with a partner, and leaving a child under 13 years without adult supervision. Policy implications relate to improving mental health service delivery, improving community services, and improving payment/insurance systems. (KB)

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Washington Kids Count
Human Services Policy Center
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University of Washington

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Family Matters: Mental Health of Children and Parents

Washington Kids Count, Human Services Policy Center
Evans School of Public Affairs, University of Washington

Policy Implications: Helping Youth by Helping Parents

Improve Mental Health Service Delivery

Identify and treat emotional and behavioral problems as promptly as possible.

Support community mental health programs that serve both children and adults in providing integrated, family-centered care.

Facilitate communication among service systems.

Expand professional development opportunities for mental health professionals to learn how to treat children and provide family-centered care.

Improve Community Services

Provide easily accessible support services (such as adult education and vocational training) for single parents, families undergoing economic hardship, and parents who are unemployed or have not graduated from high school.

Reduce the probability that young children will be left to care for themselves by supporting more flexible child care options such as before- and after-school programs.

Improve Payment/Insurance Systems

Change insurance reimbursement systems so that family counseling and therapy will be reimbursed.

Encourage healthcare providers and insurers to address mental health problems with the same serious attention that they pay to physical problems.

Key Findings about Washington State: From the National Survey of American Families

THE EMOTIONAL WELL-BEING OF CHILDREN IN WASHINGTON IS STRONGLY LINKED TO THEIR PARENTS' MENTAL HEALTH.

SIMILARLY, PARENTS' MENTAL HEALTH IS PROFOUNDLY INFLUENCED BY THE EMOTIONAL AND BEHAVIORAL CHARACTERISTICS OF THEIR CHILDREN.

PARENTAL MENTAL HEALTH IS ALSO AFFECTED BY ECONOMIC HARDSHIP, EMPLOYMENT, EDUCATION, AND FAMILY STRUCTURE.

The Family is Crucial in Matters of Mental Health

This analysis focused on aspects of the family environment that were associated with a child experiencing symptoms of severe emotional and behavioral problems. We found a strong, *reciprocal link* between child and parental mental health: troubled children were likely to have troubled parents, and vice versa. Parents and children are profoundly sensitive to each other's emotional states, and the behaviors and difficulties of one person – child or parent – naturally affect others in the household. The following charts in this report show the increases in risk for mental health problems when various risk factors are present versus when such risk factors are not present. [For details on data collection and analysis, please see the back page of this report.]

Prevalence and Seriousness of Severe Emotional and Behavioral Problems in Washington Children

According to the National Survey of American Families, an estimated 7.4% of Washington youth between the ages of 6 and 17 – approximately 30,000 children ages 6 to 11 and well over 40,000 adolescents ages 12 to 17 – have symptoms of *severe emotional and behavioral problems*.

Such problems have serious implications: In 1999 mental illness was the leading cause of hospitalizations for school-aged children and adolescents in Washington (Washington Kids Count, *The State of Washington's Children*, 2001; on-line version at http://www.hspc.org/wkc/annual/).

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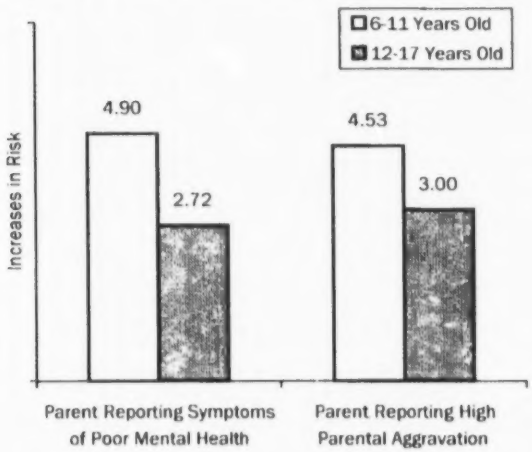
Family Environmental Characteristics Associated with Children's Severe Emotional and Behavioral Problems

"...parental mental health showed by far the strongest associations with children's emotional and behavioral problems."

Of all aspects of the family environment considered in this analysis, parental mental health showed by far the strongest associations with children's emotional and behavioral problems. We used two indicators of parental mental health: (1) *"symptoms of poor mental health"* (from items designed to tap parental depression and anxiety in a brief telephone survey); and (2) *"high parental aggravation,"* an indicator of parenting stress. For example, parents with *"symptoms of poor mental health"* were likely to report that they felt very depressed and nervous all or most of the time. Parents with *"high parental aggravation"* were likely to feel that their children were "much harder to care for than most" and were likely to feel angry with their children a great deal. This level of anger goes beyond the frustration that a parent naturally feels when dealing with the challenges of a difficult child. While it is tempting to assume that the child's behavior causes the parent's aggravation, the data do not support that conclusion. Many parents of emotionally and behaviorally disturbed children do not report the anger that characterized the highly aggravated parents in this sample.

Children between the ages of 6 and 17 who had a parent with symptoms of "poor mental health" or "high parental aggravation" were significantly more likely to experience severe emotional and behavioral problems than children whose parents reported good mental health or moderate levels of aggravation.

Chart 1: Parental Mental Health Problems and Risk of Child Emotional and Behavioral Problems



- Elementary school children whose parents experienced symptoms of poor mental health or high parental aggravation were almost five times as likely to have severe emotional and behavioral problems as children whose parents reported better mental health or only moderate aggravation.
- For adolescents, the risk of having severe emotional and behavioral problems was almost three times greater if a parent experienced symptoms of poor mental health or high levels of aggravation. Additionally, adolescents whose parents experienced *very low* levels of aggravation were 30 times less likely to have severe emotional and behavioral problems than those whose parents were only moderately aggravated (not represented on Chart 1).

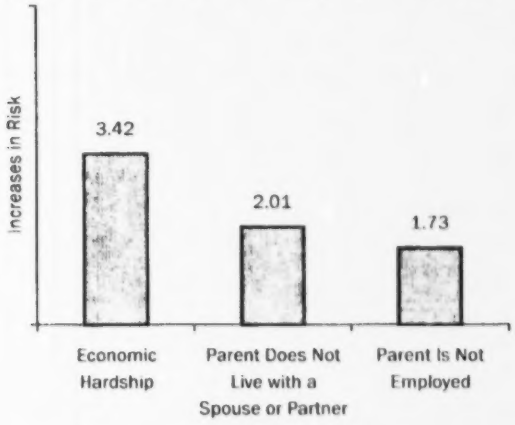
Factors Associated with Parental Mental Health

The second part of our analysis explored the aspects of family environment associated with *symptoms of poor mental health* and *high levels of aggravation* among parents. While one might assume that parents with symptoms of poor mental health would also report high levels of aggravation with their children, we found very little overlap between these two parental mental health indicators. We therefore conducted separate analyses to find out if different risks were associated with these indicators.

Parental Symptoms of Poor Mental Health

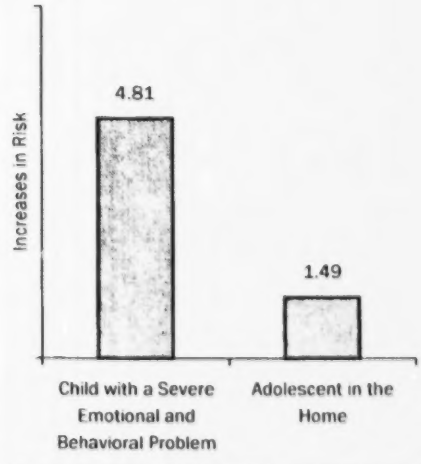
Not surprisingly, economic hardship, single parenting, and unemployment were all linked to parental symptoms of poor mental health. Having a teenager in the house and, especially, having a child with severe emotional and behavioral problems, were also associated with poor parental mental health.

Chart 2: Risk of Parental Symptoms of Poor Mental Health: Economics and Family Structure



- Parents experiencing economic hardship were almost three and half times more likely than those not experiencing hardship to report symptoms of poor mental health. The "economic hardship" category includes items like "skipping a meal because there wasn't enough money to purchase food" and "going without phone service for more than 24 hours." While the majority of parents reporting this type of hardship were in the lower income ranges, parents reporting economic hardship were distributed through all income ranges. The immediate sources of stress may be different (inability to cover rent increase versus inability to afford high mortgage and unanticipated home repairs), but economic stress at any income level can influence a parent's sense of emotional well-being.
- Single parents who were not living with a partner were two times more likely than married parents to report symptoms of poor mental health. Single parents face many challenges raising children on their own, and these challenges may become risks for developing symptoms of poor mental health. Alternatively, adults with mental health problems may have difficulty sustaining relationships and therefore find themselves without a partner who is willing to share childrearing responsibilities.
- Even after accounting for differences in income, we found that unemployed parents were more likely to experience symptoms of poor mental health than parents who were working full-time (36-45 hours per week). The "not employed" category includes parents who were seeking work *and* parents who chose to stay home with their children. While some of the stresses experienced by these two groups undoubtedly differ, parents in either group may experience symptoms of poor mental health because they lack the structure, social networks, status, pride, activity, and supports that often accompany employment.

Chart 3: Risk of Parental Symptoms of Poor Mental Health: Characteristics of Children in the Home



- Having a child with symptoms of severe emotional and behavioral problems was the largest single risk associated with parental symptoms of poor mental health. A child's emotional difficulties may cause and/or amplify parents' mental health problems, creating a behavioral feedback loop that can be harmful to everyone in the family.
- Having at least one teenager in the home was also linked to an increased risk of a parent reporting symptoms of poor mental health. Clearly, teenagers present parents with situations that do not typically arise with younger children. For some parents, these challenges may boost their risk of experiencing symptoms of depression and anxiety.

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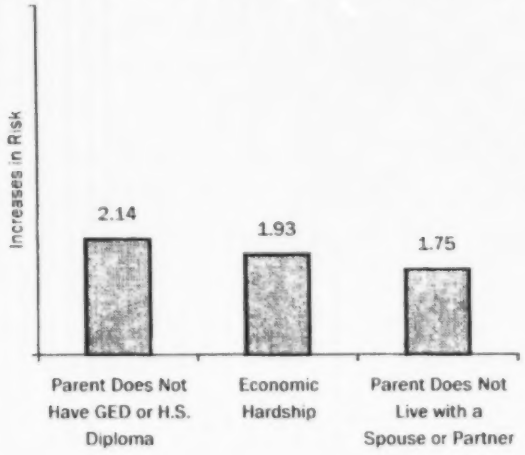
Parental Aggravation

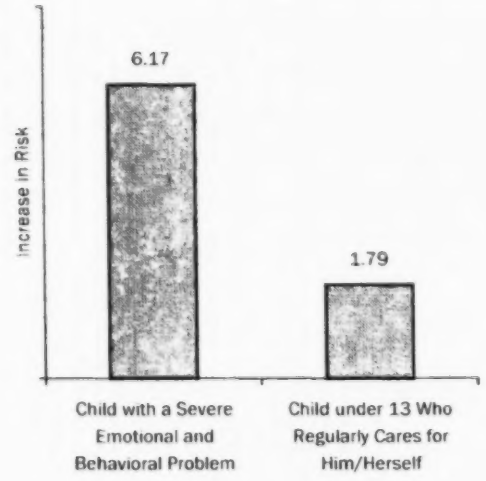
While some of the same risk factors associated with parental symptoms of poor mental health also were associated with high levels of parental aggravation (economic hardship, single parenting, and having a child with symptoms of severe emotional and behavioral problems), parental aggravation showed unique associations with parental education and leaving a child in self-care (latchkey child care).

Chart 4: Risk of High Parental Aggravation: Economics, Education, and Family-Structure



- Parents without a high school diploma or a GED were more than twice as likely to experience high parental aggravation levels as parents who had completed high school.
- Parents suffering from economic hardship were almost twice as likely to report high parental aggravation as parents who were not experiencing economic hardship.
- Single parents without live-in partners were almost twice as likely to report high aggravation than married parents.

Chart 5: Risk of High Parental Aggravation: Characteristics of Children in the Home


Increase in Risk
6.17
1.79
Child with a Severe Emotional and Behavioral Problem
Child under 13 Who Regularly Cares for Him/Herself

- Parents who had a child with severe emotional and behavioral problems were six times more likely to experience high parental aggravation than those without such a child. As with parental symptoms of poor mental health, a child's difficult behavior may feed a parent's discontent with the parenting role. This discontent, in turn, may feed the child's negative behavior and mood. To successfully help both parents and children, we must find ways to modify this behavioral feedback loop.
- Parental aggravation was also associated with parents leaving a child without adult supervision. The relation between parental aggravation and "self-care" (defined as leaving a child younger than 13 alone or in the care of another child under 13 on a regular basis in the past month) was present even when other variables – such as economic hardship and family structure – were held constant. This finding highlights the importance of high-quality, affordable before- and after-school child care.

Policy Implications: Helping Youth by Helping Families

To effectively address the mental health needs of children, we need to address the mental health needs of parents as well. We can improve the emotional well-being of children and their parents by increasing and coordinating general support services for families.

Some specific recommendations are:

Improving Mental Health Service Delivery

- Identify and treat emotional and behavioral problems as promptly as possible, taking into consideration the ways in which one person's problems can affect the well-being of others in the family.
- Support community mental health programs that serve both children and adults by providing integrated, family-centered care.
- Facilitate communication among service systems. This might include allowing schools and employers to refer families to mental health services.
- Expand professional development opportunities for mental health professionals to learn how to treat children and provide family-centered care. Increased training opportunities and scholarships for a culturally diverse mental health workforce will support this effort.
- Train educational, social service and *ALL* health professionals to recognize depression and other risks for mental health problems.
- Encourage judges to refer families with a significantly aggravated (angry) adult to family counseling.

Improving Community Services

- Provide easily accessible support services (such as adult education and vocational training) for single parents, families undergoing economic hardship, and parents who are unemployed or have not graduated from high school.
- Reduce the probability that young children will be left to care for themselves by supporting more flexible child care options such as before- and after-school programs.

Improve Payment/Insurance Systems

- Change both public and private insurance reimbursement systems so that family counseling and therapy will be covered.
- Encourage healthcare providers and insurers to address mental health problems with the same serious attention that they pay to physical problems.
- Encourage employers to pay for family counseling.

The results of these analyses support the idea that mental health programs should take a two-generation approach that benefits both parents and children.

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Email: hspcnews@u.washington.edu
Phone: (206) 685-3135

Address:
Washington Kids Count
Human Services Policy Center
Evans School of Public Affairs
University of Washington
Box 353055
Seattle, WA 98195-3055

Data Collection and Analysis

In 1997 and 1999, the Urban Institute conducted national telephone surveys of representative samples of American families in 13 states, including Washington. In this National Survey of American Families (NSAF), parents were asked well-validated questions about symptoms of serious emotional and behavioral problems for randomly chosen children in the household who were between 6 and 17 years of age. The NSAF also assessed a variety of economic and demographic variables. A full description of the survey and the scales used in the analysis can be found in *1999 NSAF Benchmarking Measures of Child and Family Well-Being* from the Urban Institute.

We estimated the odds that a child had experienced symptoms of *severe emotional and behavioral problems* when a specific risk factor was present, holding all other variables constant. A child was considered to have *severe emotional and behavioral problems* if the parent reported that the child displayed multiple symptoms of depression *and* engaged in acting-out behavior. The model that we used to estimate risk included year of the survey administration, race/ethnicity, age of child, sex of child, family income level, parent's employment status, parent's education level, marital status of parent, parent's mental health, and parent's level of parental aggravation. The 6 to 11 age group was analyzed separate from the 12-17 age group.

We also estimated the odds that a *parent* had experienced symptoms of poor mental health or high parental aggravation when a specific risk factor was present, holding all other variables constant. Parental aggravation and symptoms of poor mental health were analyzed separately but both models included year of the survey administration, race/ethnicity, age, sex, income, economic hardship, education level, marital status, employment status, number of children in the home, age of children in the home, behavioral problems of children in the home, financial help with childcare, and left child in self care.

Our charts show the likelihood of mental health problems when various risk factors were present versus when such risk factors were not present.

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Washington Kids Count Staff:
Richard Brandon, PhD, Director
Sheri L. Hill, PhD, Assistant Director
Dorothy J. Mandell, Research Assistant
Louise Carter, PhD, Publications Director

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